

#### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

SIKORSKY AIRCRAFT DIV OF UTC

N MAIN ST

STRATFORD

OT 06601

INSTALLATION ADDRESS

33 PLATT RD

SHELTON

CT 06601

EPA Form 8700-12B (4-80)

06/28/83



## OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

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NAME SIKONSKY	+ crp980669352
I.D. NO.: CTD 940669352  FILE LDC: R-1A1A-2  OTHER:	SIKORSKY AIRCRAFT 6900 HAIN ST STRATFORD, CT 066011381 SUSAN CAREY ENVR ENGR
INSTALLATION ADDRESS	33 PLATT RD SHELTON ,CT 06484
EPA Form 8700-12B (4-80)	

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



## Notification of Regulated Waste Activity

Regulated (For Official Use Only)

SEP 13 1999

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		ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark	k 'X' in the appropriate boxes; Refer to Instr	The state of the s
A. Hazardous Wa	ste Activity	B. Used Oil Recycling Activities
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes  Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.  4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boller and/or Industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boller 2. Industrial Boller 3. Industrial Furnace 5. Underground Injection Control	1. Used Oil Fuel Marketer  a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine
A. Characteristics of Nonlisted Hazardous		ading to the characteristics of
nonlisted hazardous wastes your installation  1. Ignitable 2. Corrosive 3. Reactive 4. Tor (D001) (D002) (D003) Ch	cicity aracteristic (List specific EPA hazardous waste nu	mber(s) for the Toxicity characteristic contaminant(s)) 0 5 D 0 0 6 D 0 0 7
B. Listed Hazardous Wastes. (See 40 CFR 2	61.31 - 33; See instructions if you need to lis	st more than 12 waste codes.)
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C. Other Wastes. (State or other wastes requi	ring a handler to have an I.D. number; See i	instructions.)
1 CR02 CR04	3 CR 05 PCB2	5 6
X. Certification  I certify under penalty of law that this document system designed to assure that qualified personn or persons who manage the system, or those perbest of my knowledge and belief, true, accurate, a including the possibility of fine and imprisonme	el properly gather and evaluate the information sons directly responsible for gathering the in and complete. I am aware that there are signific	direction or supervision in accordance with a n submitted. Based on my inquiry of the person formation, the information submitted is, to the
Signature 100	Name and Official Title (Type or pri	1 6
XI. Comments	<b>图 14. 1823 (2.00) (2.00)</b>	MARKAN CONTRACTOR
Additional characteristics of	non-listed hazardous wastes	(item 1XA) D008, D009,
D010, D011,D018,D022,_D026, D0	35,D039,D040,D043,Universal	Waste Battery
Note: Mail completed form to the appropriate EP	A Regional or State Office. (See Section III	of the booklet for addresses.)

Please print or type with ELITE type (12 chausers per inch) in the unstaded areas only

5+V=> QC-1/15/PD

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



## Notification of Regulated Waste Activity

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III. Type of Regulated Waste Activity (Mari		B. Used Oil Recycling Activ
A. Hazardous Wa  1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (200-2,200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only b. For commercial purposes  Mode of Transportation  1. Air 2. Rail 3. Hightway 4. Water	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.  4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boller and/or industrial Furnace  1. Smeiter Deferral 2. Smail Quantity Exemption Indicate Type of Combustion Device(s)  1. Unity Boller 2. Industrial Boller 3. Industrial Furnace	1. Used Oil Fuel Marketer  a. Marketer Directs Shipment oil to Off-Specification Burn  b. Marketer Who First Claims Oil Meets the Specifications 2. Used Oil Burner - indicate Treatment of Activity Boller  b. Industrial Boller  c. Industrial Furnace 3. Used Oil Transporter - Indicate of Activity(ies)  p. Transporter  t. Transfer Facility 4. Used Oil Processor/Re-refiner Type(s) of Activity(ies)  a. Process
5. Other - specify	5. Underground Injection Control	a. Process b. Re-refine
IX. Description of Hazardous Wastes (Use	additional sheets if necessary)	
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B. Listed Hazardous Wastes. (See 40 CFR	261.31 - 33; See instructions if you need to	ist more than 12 waste codes.)
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C. Other Wastes. (State or other wastes req	uiring a handler to have an I.D. number; Se	e instructions.)
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X. Certification	THE REPORT OF THE RESERVE OF THE RES	
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Signature Signature	Robert J. Araujo - Manage Enviro	The same of the same
including the possibility of file and improve	Robert J. Araujo - Manage Enviro	

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# Notification of hegulated Waste Activity

Date Received (For Official Use Only) SEP 1 9 1997

United States Environmental Protection Agency

DEP-WASTE MANAGEMENT BUREAU

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A. Hazardous Waste		B. Used Oil Recycling Activities
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes ode of Transportation 1. Air 2. Rail 3. Highway 4. Water	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.  4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or Industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Control	1. Used Oil Fuel Marketer  a. Marketer Directs Shipment of Use Oil to Off-Specification Burner  b. Marketer Who First Claims the Use Oil Meets the Specifications  2. Used Oil Burner - Indicate Type(s) Combustion Device(s)  a. Utility Boiler b. Industrial Boiler c. Industrial Furnace  3. Used Oil Transporter - Indicate Type of Activity(les)  a. Transporter b. Transfer Facility  4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(les)  a. Process b. Re-refine
	war and the second of the second	Charles Salpa, 1980
Description of Hazardous Wastes (Use add	to the state of the boxes correspond	anding to the characteristics of
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X X A		et more than 12 waste codes.)
Listed Hazardous Wastes. (See 40 CFR 261.	31 - 33; See instructions if you need to it.	St more
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Other Wastes. (State or other wastes requirin	g a handler to have an I.D. number; See	instructions.)
Office Wastes. (Date	12.	6
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Certification	all attachments were prepared under my	on submitted. Based on my inquiry of the person
r persons who manage the system, or those person est of my knowledge and belief, true, accurate, and	complete. I am aware that there are signifi-	icant penalties for submitting raise
iciuding the possibility of fine and imprisonment		n . Cinned
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gnature // // // // //	Robert J. Araujo-Environme	ntal Engineering 9/11/97
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dditional characteristics of no	n-listed wastes (Item IXA)	0000,0000,0000,0000

### REQUEST FOR CHANGE

<u>Note:</u> If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

FDA	TD	Number:	CTD	980669352	Company	Name:	SIKORSKY	AIRCRAFT
		Manie Cz.	0.0	70000705				

Date of Request: 8/3/95 Town: SHELTON

	CTION/ITEM BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I.	Name of Installation	SIKORSKY AIRCRAF DIV	T SIKORSKY AIRCRAFT CORP	PER LETTER 11/1/9
II.	Location of Installation			
III.	Mailing Address of Installation			
IV.a.	Installation Contact's Name			
b.	Installation Contact's Title			
c.	Installation Contact's Phone	·		
V.a.	Ownership			
b.	Property Owner			
VI.	Status		Change Status to:	
	Originally noting (please circle) SQG ( <100 )			
	SQG (100 - :	1000 kg/month)		
	Generator (	>1000 kg/mth)		
	Transporter			
	T/S/D Facil:	ity		

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Haza hous Waste Activity Form and you hust obtain a new US EPA Identification Number

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD 980669388 Company Name: Sikorsky Aircraft

Date of Request: \_\_\_\_\_\_ Town: Shelton

100 TO 10	CTION/ITEM BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I.	Name of Installation			e e
II.	Location of Installation			,
III.	Mailing Address of Installation	n, main St	6900 main St Stratfierd 06601	,
IV.a.	Installation Contact's Name		če, z	
b.	Installation Contact's Title			
c.	Installation Contact's Phone			les e
V.a.	Ownership			
b.	Property Owner			
VI.	Status	10	Change Status to:	
	Originally notice (please circle) SQG ( <100 )		,	
	SQG (100 - 1	1000 kg/month)		3
	Generator (	>1000 kg/mth)		
	Transporter			
	T/S/D Facil.	ity		

LCS change

Please point or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No 2050-0028 Eapwes 10-31-81 GSA No 0745-FPA-01

Prease refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## SEPA

# Notification of Regulated Waste Activity

Date Received

MAR 29 1993

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		ID - For Officia	I Use Only
	Defecto to	etructions I	
III. Type of Regulated Waste Activity (Mark $m{x}$ in the appropriate box	res. Refer to if	B. Used Oil Fuel	activities
A. Hazardous Waste Activity			ion Used Oil Fuel .
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Highway  4. Water  5. Other - specify  3. Treater, Storer, Dispose Note: A permit is require this activity; see instruction in this activity;	device(s) - on Device  folier furnace in Control	a. Generation b. Other Ma c. Burner - Type of C 1. Ut 2. In 3. In 2. Specification (or On-site 5 the Oil Meets	Marketing to Burner rikerer Indicate device(s) = Combustion Device sitty Boiler dustrial Boiler dustrial Furnace Used Oil Fuel Marketer sumer) Who First Claims is the Specification
A state of Manifested Hazardous Wastes. Mark 'X' in the boxes con	responding to the	characteristics of nor	nlisted hazardous
wastes your installation had lotes. (See 40 a.m.)			
(D001) (D002) (D003) (D	D 0 0	6 D 0 0	7 D 0 0
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you	u need to list mor	e tran 12 waste code	s.)
Image: square problem of the probl	0 0 4 10 2 2 6	F 0 0 5 11	F 0 0 7
C. Other Wastes, (State or other wastes requiring an I.D. number. See instruc-	ctions.)		
1         2         3         -           C R 0 2         C R 0 4         C R 0 5	4	5	6
X Certification			
I certify under penalty of law that I have personally examined an and all attached documents, and that based on my inquiry obtaining the information, I believe that the submitted inform that there are significant penalties for submitting false infimprisonment.	ation is true, formation, inc		mpiete. Talliand sibility of fines a
Signature Name and Official Title (type Robert 3. Araction managed, Environment		2/	20/55
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XI. Comments		107	
Additional information Item VII A c/o Bankers			
Charles and the control of the contr		s (Item IX A)	

### FINDS

### ID NUMBER ASSIGNMENT/INPUT FORM 1

EPA ID NUMBER	TRANS CODE	Dame Hymne
CTD 98-066-9352		DATE ENTERED
	-	$\overline{Y}$ $\overline{Y}$ $\overline{M}$ $\overline{M}$ $\overline{D}$ $\overline{D}$
NAME OF FACILITY		• •
SIKORSKY AIRCR	AFT DIV OF UTC	
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CITYSHELTON		STATE CT ZIPO660
COUNTY NAME FAIRFLEZ	D	
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this a Federal Facility?	YesNo	
QUESTOR'S NAME		
M. Yulas	REQUESTOR'S PROGRAM	REQUESTOR'S PHONE
TE REQUESTED REQUEST  6/14/83 My.	REC'D BY ASSIGNED BY	METHOD SENT
	Figure 2	Revised 5-17 02

Revised 5-17-82



June 9, 1983

EPA Region I Permits Branch 195 State Street 4th Floor Boston, MA 02114

Attention: CSC Mara Yules

We are enclosing the Notification of Hazardous Waste Activity for the subject leased installation.

An Installation EPA I.D. No. is requested for preparation of manifests for removal of hazardous waste from the facility and disposal.

Sincerely,

UNITED TECHNOLOGIES CORPORATION

Parker R. Jahnson

Facilities & Services

SIKORSKY AIRCRAFT DIVISION

PRJ/csm

Enclosure



May 17, 1983

EPA Region I Permits Branch P. O. Box 8748 Boston, MA 02114

#### Gentlemen:

We are enclosing the Notification of Hazardous Waste Activity for the subject leased installation.

An Installation EPA I.D. No. is requested for preparation of manifests for removal of hazardous waste from the facility and disposal.

Sincerely,

UNITED TECHNOLOGIES CORPORATION

Parker R. Johnson Facilities & Services

SIKORSKY AIRCRAFT DIVISION

PRJ/csm

Enclosure

EPA Form 8700-12 (6-80)

- Authorities -	ØEPA	NOTIFICAT	ION OF HAZARD	OUS WASTE	ACTIVITY	STRUCTION					- 2			
AND REPORT OF PERSONS ASSESSED.	INSTALLA- TION'S EPA I.D. NO.			information of through it a in the appro	on the label in nd supply the priate section	s incorr e corre below	ect, dra ect info . If the	w a lin rmatio label i	e n					
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C. COMMERCIAL CHEMICAL stance your installation hand	des which may be a h	azardous wilste. Use add	itional sheets if necess	erv.	
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D. LISTED INFECTIOUS WA hospitals, medical and resid	een lat eratories your	installation nandles. Us-		53	54
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EPA Form 8/00-12 (6-00)	REVERSE				8

<b>⊕EPA</b>	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the								
INSTALLA- TION'S EPA I.D. NO.		information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is								
I. STALLATION		complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted								
INSTALLA- TION II. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE  PLEASE PLACE LABEL IN THIS SPACE  label, complete all items. "Installation" means single site where hazardous waste is generated treated, stored and/or disposed of, or a train porter's principal place of business. Please reto the INSTRUCTIONS FOR FILING NOTICE.									
LOCATION III OF INSTAL- LATION		CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).								
FOR OFFICIAL										
ē III	COMMENTS									
15 16	ON'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr. mo. & day)	55								
F	ON'S EPA I.D. NUMBER APPROVED (yr., mo., & day)									
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SIKOR	SKY AIRCRAFT DIVISION OF	UTC G								
	ON MAILING ADDRESS									
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	NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)								
2 FREDE	RICK, JOHN ENVIR ENGINE	E R 2 0 3 - 3 8 6 - 6 7 1 8								
V. OWNERSHIP										
<u> </u>	A. NAME OF INSTALLATION'S LEGAL OWNER									
8 C O N N E	CTICUT DEVELOPMENT COMM	ISSION 55								
B. TYPE OF (enter the appropri										
F = FEDERA	37	TRANSPORTATION (complete item VII)								
M = NON-FE	56 59 60	NOVER AND INJECTION								
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Mark "X" in the an	SUBSEQUENT NOTIFICATION  propriate box to indicate whether this is your installation's first notification of he ret notification, enter your Installation's EPA I.D. Number in the space provided	azardous waste activity or a subsequent notification. below.								
Ⅵ A. FIRST	NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete its	C. INSTALLATION'S EPA I.D. NO.								
10	ON OF HAZARDOUS WASTES									
ACCORDED INCOME TO A CONTRACT OF THE PARTY.	erse of this form and provide the requested information.									

					FFICIAL USE ONLY
				W	
SCRIPTION OF	HAZARDOUS WAST	ES (continued from	front	1 2	13
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				y responsible for obta e that there are signif	

EPA Form 8700-12 (6-80) REVERSE

NAME & OFFICIAL TITLE (type or print)
L. L. Allison

Senior Vice President Finance

5/19/83

and Administration

CENTER

RECORDS

RCRA

W

Dear Customer:

Federal regulations requires that the generator submit to their Regional EPA Administrator, formal Demonstration and Certification that a good faith effort has been made to locate and contract with treatment and recovery facilities which provide the greatest environmental benefit for each waste stream covered by 40 CFR 268.8 The attached Demonstration and Certification Forms can be used for that purpose. It is recommended that in addition to forwarding a copy to your Regional EPA office, you retain a copy for your records. Our CHEMPAK Chamist will assist in their preparation.

INSTRUCTIONS FOR COMPLETING: Page 1 and 2 DEMONSTRATION/CERTIFICATION

PAGE 1: Incineration Demonstration/Certification Letter: This form lists those waste numbers that are restricted from land disposal and will be incinerated to comply with current regulations. If any waste rumbers are checked off, the generator must sign and submit to EPA. A copy MUST accompany the shipment. If no waste numbers apply write MOT APPLICABLE across form and do not emil or sign.

PAGE 2: Chemical Stabilization Demonstration/Certification letter. This form list those waste numbers that are restricted from direct landfill and can not be incinerated by RES. They will be treated before land disposal. If any waste numbers are checked off generator must sign and submit to US EPA. A copy must accompany shipment. If this treatment is not used and/or no waste numbers are checked off DO NOT smill or sign. Write not applicable.

PAGE 3 THRU 9: Facility Notifications - Must Accompany Shipment

PACE 3: This form must be completed and signed whenever waste is being incinerated regardless of waste numbers involved. Enter all information and sign. If information is not complete shipment could be rejected by receiving facility.

PAGE 4: Check off constituents for F001-F005 if these wastes are being handled. Generator must sign. At the bottom of the page, add all other waste numbers from manifest with the exceptions of those found on page three and page six.

PAGE 5: Landfill and/or Stabilization. Complete for all restricted waste numbers (including incinerator ash) handled DE or SE. If yes, all information must be entered regardless of waste numbers involved. Be sure to include all "CA List" and "HOC's". Generator must then sign. If this method is not being used, write MOT APPLICABLE and generator needs not sign.

PAGE 6: Complete if necessary.

Make three (3) copies of each page for distribution as follows:

- O GENERATUR
- o SHIPMENT
- O CHEMPAK OFFICE

FFB 8 1990

REGIONAL OFFICE OF THE ROLL OF

Should you have any questions concerning these certification/notification requirements, our chemist(s) assigned to your project will answer them. If further information is required contact the Rollins CHEMPAK National Guality Control Manager at 302-479-3446.



### Dear Customer:

The Louisiana Department of Environmental Quality requires you to submit a "Demonstration and Certification" letter to them if you are disposing of restricted waste streams at Rollins Environmental Services (LA), Inc. Your CHEMPAK chemist will advise you when "soft hammer" wastes are being disposed of.

When required the Demonstration and Certification letters should be mailed to:

Dr. Paul Templet
Secretary
Louisiana Department of Environmental Quality
Post Office Box 44066
Baton Rouge, Louisiana 70804

### INCINERATION STREAMS REGIONAL AGMINISTRATOR U. S. ENVIRONMENTAL PROTECTION AGENCY (CHECK REGION)

- B EPA REGION 1

  JFK Federal Building
  Boston, Massachusetts 02203

  (617) 223-2468

  Connecticut, Massachusetts, Maine
  New Hampshire, Rhode Island, Vermont
- EPA REGION IV
  345 Countland Street, N.E.
  Atlanta, Georgia 30365
  (404) 347-3016
  Alabama, Florida, Georgia
  Kentucky, Mississippi, Morth
  Carolina, South Carolina, Tennessee
- PA REGION VII
  726 Minnesota Avenue
  Kansas City, Kansas 66101
  (913) 256-2800
  lowa, Kansas, Missouri, Nebraska
- EPA REGION X 1200 Sixth Avenue Seattle, Washington 98101 (206) 442-2777 Alaska, Idaho, Oregon, Washington

- D EPA REGION II
  26 Federal Plaza
  New York, New York 10278
  (212) 264-5175
  New Jersey, New York, Puerto Rico,
  Virgin Islands
- D EPA REGIOM Y
  230 South Dearborn Street
  Chicago, Illinois 60604
  (312) 353-2000
  Illinois, Indiana, Michigan,
  Minnesota, Ohio, Misconsin
- The Derwer Place
  999 18th Street, Suite 1300
  Derwer, Colorado 80202-2413
  (303) 293-1502
  Colorado, Montana, North Dakota,
  South Dakota, Utah, Wyoming
- g EPA REGION III 841 Chestrut Street Philadelphia, Pernsylvania 19107 (215) 597-9336 Delaware, Haryland, Pernsylvania Virginia, West Virginia, District of Columbia
- EPA REGION VI
  1445 Ross Avenue
  Dallas, Texas 75202
  (214) 655-6700
  Arkansas, Louisians, New Mexico,
  Oklahoma, Teras
- D EPA REGION IN 215 Freemont Street San Francisco, California 94105 (415) 974-7472 Arizone, California, Nawaii, Nevada, American Samos, Quam, Trust Territories of the Pacific

RE: SECTION 268.8 (a)(1) DEMONSTRATION AND CERTIFICATION

This DEMONSTRATION AND CERTIFICATION is submitted pursuant to 40 CFR 268.8(a)(1). (LAB PACKS/SMALL QUANTITIES)
It is submitted in connection with a hazardous waste stream generated at this facility. The stream(s) is classified by ETA waste code number (see below) which is a "First Third" or "Second Third" soft human waste. Pursuant to section 268.8 we have made an effort to locate treatment or recovery facilities which provide the greatest environmental benefit.

Because this stream is an organic stream, the greatest environmental benefit would be provided by RCRA authorized incineration which destroys the hazardous constituents. Since such treatment is available, we have contracted with a RCRA authorized incineration facility for treatment of the waste by incineration. That facility is:

Rollins Environmental Services (LA) Inc.
Baton Rouge, LA

EPA 10#: LAD010395127

Rollins Environmental Services (NJ) Inc. Bridgeport, NJ EPA 10#: NJD053288239

Rollins Environmental Services (TX) Inc.

Houston, TX EPA ID#: TXD055141378 OTHER

The restricted waste is properly classified by the following EPA waste numbers.

Check off appropriate waste numbers.

P001 P002 P003 P004 P005 P007 P008 P014 P016 P018 P020 P020	P036 P037 P048 P049 P050 P054 P057 P058 P059 P060 P066 P066	P069 P070 P072 P081 P084 D P084 D P102 D P105 D P105 D P105 D P105 D P105 D P105 D P105	0.005 0.0007 0.0008 0.0009 0.0010 0.0014 0.0015 0.0016 0.0018	0 0023 0 0026 0 0029 0 0031 0 0035 0 0037 0 0043 0 0044 0 0046	D U059 D U050 D U051 D U053 D U057 D U059 D U060 D U061 D U062 D U063 D U064 D U064 D U064	0 10070 0 10073 0 10074 0 10077 0 10083 0 10089 0 10092 0 10093 0 10094 0 10097	0 0098 0 0099 0 0101 0 0103 0 0106 0 0108 0 0109 0 0110 0 0111 0 0114 0 0114	0 119 0 122 0 124 0 127 0 128 0 129 0 130 0 131 0 133 0 135 0 137	0 1140 0 1143 0 1143 0 1147 0 1149 0 1150 0 1157 0 1158 0 1159 0 1161	0 1163 0 1164 0 1165 0 1168 0 1169 0 1171 0 1172 0 1173 0 1174 0 1177	U 1508 U 1509 U 1503 U 1503 U 1148 U 1148 U 1184	0 VZZ1 0 VZZ1 0 VZ37 0 VZ38 0 VZ39	***
0 PO27	0 8068	D nocz	D noso	0047	g vos7	0 u097	ฏ U116	0 U138	D 0165	ฏี บา78	[] r503	D riser	

IF ANY OF THE ABOVE BOXES ARE CHECKED, GENERATOR MUST SIGN BELOW STATEMENT.

I certify under penalty of law that the requirements of 40 CFR 268.8(a)(1) have been met and that I have contracted to treat my waste (or will otherwise provide treatment) by the practically available technology which yields the greatest environmental benefit, as indicated in my demonstration. I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment.

SINOUSKY FICE 97 CTD PRO 669 352 REPRESENTATIVE

D Other

cc: To disposal facility, local Rollins CHEMPAK office
Revision 6